

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/573339

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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32		/				
33		/				
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36	/	/				
37	/	/				
38	/	/				
39	/	/				
40	/	/				
41	/	/				
42	/	/				
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
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93						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		7				
TOTAL DEP.		35				
TOTAL CLAIMS		42				